200 SOUTH HAMILTON ROAD FAX: (614) 471-1201



GAHANNA, OHIO 43230-2996 TELEPHONE: (614) 471-3734

PERSONAL INQUIRY WAIVER

I respectfully request and authorize you to furnish the **City of Gahanna** any and all information that you may have concerning my work, reputation, financial or credit status and educational records. Please include any and all medical records even though confidential or privileged in nature.

This information is to be used in determining my qualifications and fitness for the position I am seeking with the City of Gahanna, Ohio.

I HEREBY RELEASE YOU AND YOUR ORGANIZATION AND OTHERS FROM ANY LIABILITY AS A RESULT OF FURNISHING THE ABOVE REQUESTED INFORMATION. THIS FORM MAY BE RETAINED FOR YOUR FILES.

APPLICANT'S SIGNATURE:				
DATE:				
WITNESS:				

Gahanna's Vision is ...

... to be an innovative model community that values its rich heritage, pursues high standards, and where citizens respect one another.